

Report card on mental health care in Canada: needs improvement



Ed Mantler, Vice President, Programs and Priorities at the Mental Health Commission of Canada, debated the motion on increasing funding for mental health during the 2015 Great Canadian Healthcare Debate in Charlottetown.



Louise Bradley
Mental Health Commission of Canada

In June 2015, during the National Health Leadership Conference's very first Great Canadian Healthcare Debate, health care leaders from across the country voted in favour of a motion calling for a two-percentage point increase in mental health care budgets over 10 years. While that was the Debate's highest-ranking motion, mental health funding across provincial and territorial governments and regional health authorities is still miles away from the goal post.

Yet, at first glance, it appears that Canada is making steady progress towards improving mental health care services for the 7.5 million people in this country living with a mental health problem or illness.

Governments have stepped up their investments, including a federal commitment of \$5 billion over 10 years for mental health and addiction. Businesses and public-sector employers are offering workplace mental health programs. Communities are leading projects ranging from social housing to walk-in mental health clinics. Especially important, public attitudes are changing thanks to stigma reduction efforts.

It would be a mistake, however, to check mental health off the country's 'to do' list. At just 7.2 %, mental health spending in Canada is much lower than most developed nations. Compare this with other OECD countries, like Australia, the UK and New Zealand, where that number ranges from 10 to 14 %. Three years ago, the Mental Health Commission of Canada (MHCC) publicly urged all jurisdictions to boost that spending by 2 % over ten years.

This investment is crucial. Right now, 1.6 million Canadians report unmet mental health service needs. This gap dates to the *Canada Health Act*, which excluded free-standing psychiatric care and allied health professionals from the legislation. Only those with employer-sponsored or private insurance plans have coverage for services like psychotherapy. Given that mental

health problems and illnesses cost the economy some \$50 billion annually, we must make effective mental health treatments as accessible as cataract surgery or the flu vaccine.

Without a meaningful course correction, we will continue to face rising suicide rates – which are more than just points plotted on a graph. In 2011, the rate of suicide was 11.3 individuals per 100,000. In 2015, that number rose to 12.3. That translates to 12 lives lost to suicide every day in Canada. And it doesn't account for the more than 25 people who are profoundly affected in the wake of that tragedy.

Every suicide in Canada represents a failure of society to step up with the wrap-around supports that save lives. Not simply a health issue, the rate of suicide is a litmus test that reflects our social policies more broadly – from housing and education, to justice and health. Investing in mental health services and supports is important, but without the infrastructure to help people get jobs, remain housed and build meaningful connections through peer-support or group therapy, we are only addressing half of the equation.

So, at this year's National Health Leadership Conference, the MHCC is reminding all jurisdictions to live up to their 2015 commitment to grow mental health spending by 2 – not .2 – percent. If we want to see a better mental health landscape, we need everyone to play their part. It's up to the health sector to lead that charge.

We are also calling on Canada's health leaders to view every death by suicide as an unacceptable outcome, and to offer the necessary systems, policies, programs, services and supports to make suicide a “never event.”

When we get closer to achieving this milestone, we will know that our system has evolved from a patchwork of services to a collaborative, data-driven, learning health care system that puts people at its core.

That is the kind of 21st century care everyone in Canada should be able to expect. And it's up to health care leaders in this country to advocate for it.

Louise Bradley is the President and Chief Executive Officer of the Mental Health Commission of Canada.

The [2018 Great Canadian Healthcare Debate](#) will occur in St. John's, NL on June 5, 2018. Healthcare leaders from across Canada will provide insight from the frontlines on progress achieved and potential next steps to address the top issues from the last three years: mental health, Indigenous health and seniors' health.